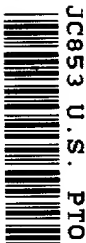


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JC853 U.S. PTO

Docket Number CL/V-31575A

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J1040 U.S. PTO

09/942347



08/29/01

Address to: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET**

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

Applicant (or identifier): LIPSCOMB ET AL.

Title: TEXTURED CONTACT LENS PACKAGE

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 18 pages
2. ☒ Drawings - 2 sheets
3. ☒ Unexecuted Declaration and Power of Attorney (original or copy)
4. ☐ Microfiche Computer Program (appendix)
5. Nucleotide and/or Amino Acid Sequence Submission
 - ☐ Computer Readable Copy
 - ☐ Paper Copy
 - ☐ Statement Verifying Identity of Above Copies
6. ☐ Preliminary Amendment
7. ☐ Assignment Papers (Cover Sheet & Document(s))
8. ☐ English Translation of
9. ☐ Information Disclosure Statement
10. ☐ Certified Copy of Priority Document(s)
11. ☒ Return Receipt Postcard
12. ☐ Other:

Filing fee calculation:

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
- ☐ Before calculating the filing fee, please cancel claims

Basic Filing Fee							\$	710
Multiple Dependent Claim Fee (\$ 270)							\$	
Foreign Language Surcharge (\$ 130)							\$	
	For	Number Filed		Number Extra		Rate		
Extra Claims	Total Claims	7	-20	0	x	\$ 18	=	\$
	Independent Claims	2	-3	0	x	\$ 80	=	\$
TOTAL FILING FEE							\$	710

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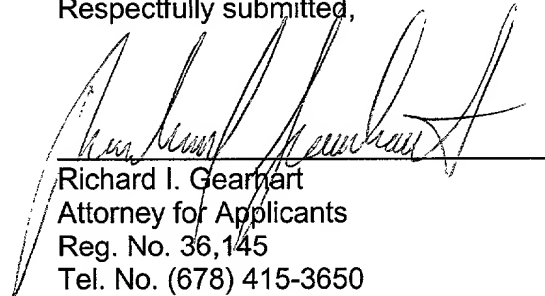
- ☒ Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$710. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie
Novartis Corporation
Patent and Trademark Dept.
564 Morris Avenue
Summit, NJ 07901-1027

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (678) 415-3068.

Respectfully submitted,



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Date: August 28, 2001